Exhibit B

Discharge Summary

Discharge Summary

c: Lisa M Rich, MD
Maisha Berry-Hooks, MD

DATE OF ADMISSION: December 10, 2016.

DATE OF DISCHARGE: December 12, 2016.

ADMITTING DIAGNOSES:
1. Pregnancy 35 weeks.
2. Intrauterine fetal demise.
3. Alport syndrome, chronic kidney disease.
4. Chronic hypertension.
5. Type 2 diabetes.
6. Narcotic addiction.
7. Other substance abuse.
8. Poor compliance.
9. Hepatitis C
10. HSIL PAP

DISCHARGE DIAGNOSES:
1. Pregnancy 35 weeks.
2. Intrauterine fetal demise.
3. Alport syndrome, chronic kidney disease.
4. Chronic hypertension.
5. Type 2 diabetes.
6. Narcotic addiction.
7. Other substance abuse.
8. Poor compliance.
9. Hepatitis C
10. HSIL PAP
11. Status post delivery of stillborn baby boy.
12. Status post shoulder dystocia.

CONDITION ON DISCHARGE: Stable.

HISTORY: The patient is 35, G5, P now 2-2-2-3, who presented for induction of labor. Intrauterine fetal demise was diagnosed the day before admission at Aurora Sinai. She said she had last felt the baby move on the evening of December 8, 2016, fetal demise was diagnosed on December 9, 2016, admission here was December 10, 2016.

She has a history of Alport syndrome and type 2 diabetes, cigarette smoking, narcotic addiction and cocaine use, Hep C, and HSIL PAP. Currently, she is on methadone maintenance with current dose of 100 mg daily. She had recently been incarcerated for a week. She had 1 prenatal visit on September 14th and did not follow up after that. She had not been compliant in visit with

Discharge Summary

diabetic instructors or with followup ultrasound or OB office visits. She also had not been seeing her nephrologist. She reported that her blood sugars had been in the 300s and that she was taking metformin 500 mg t. i. d. On admission, she was having irregular contractions. Her cervix was dilated 3 cm and well effaced. Estimated fetal weight was 7 pounds, blood pressures on admission in the mildly elevated range. It stayed in that range or normal throughout most of her hospitalization ranging from 120 to 151 systolic. Her blood sugar on admission was 194. Her hemoglobin A1c was 6.5. Creatinine was 1.88.

HOSPITAL COURSE: She had an amniotomy and was started on Pitocin and had an epidural anesthetic. She had a normal first stage of labor that lasted about 4 hours. She had about a 5 minute second stage, but then had a shoulder dystocia that ultimately resolved with McRoberts suprapubic pressure and a Woods screw maneuver and delivery of the posterior arm. This was felt partly due to the large size of the baby, which was 7 pounds 12 ounces and large trunk of the baby related to the diabetes and the fact that the baby with over stillborn and had no tone. She had no lacerations and blood loss was not excessive. Autopsy was ordered, baby looked grossly normal except for large for gestational age, baby had some peeling skin, but was not severely macerated and it was a boy, looked like he had not been dead for very long.

Postpartum, she did well. She was counseled about the importance of taking care of her health conditions, diabetes, kidney disease, hypertension and avoiding cocaine and cigarettes.

She was also advised about the importance of following up for her high-grade cervical intraepithelial neoplasia as that could lead to cancer, if untreated. She was advised the importance of followup for her diabetes with her primary doctor and for kidney disease with her nephrologist and she agreed to make appointments with them, to be seen within a month. She was discharged home on metformin 500 mg t. i. d. and will follow up with me in the office for a colposcopy in four weeks, then with her primary doctor and nephrologist.

JAMES G LINN MD

JGL/va DD: 12/11/2016 08:50:53 DT: 12/11/2016 12:01:17 Job#: 2081365

Addendum by Linn, James G MD on December 12, 2016 15:40 CST
Patient went home today 12/12/2016 after being seen by the diabetic educator. Diabetes team recommendation she will discontinue metformin and started on Lantus 15 units at bedtime. Patient will follow up with Dr. Berry Hooks her primary doctor for diabetes , as well as Dr. Rich her nephrologist for her kidney disease. She will see me in 1 month for post partum follow-up

Patient Discharge Summary	Electronically Signed By:	Dueppen,Debra A RN (12/12/2016 08:30 CST)
Date of Service:	12/12/2016 08:30 CST	

Patient Discharge Summary

Blood Bank - Transfused

Product Status	Transfused Date/Time	Product	Product Number	ABO/Rh	Product Antigen	Product Attribute
Transfused	12/11/2016 10:52 CST	RHIG	4370700033			

Anatomic Pathology Reports

Accession#	Collected Date/Time:	Received Date/Time:
MS-16-0017474	12/10/2016 22:50 CST	12/12/2016 13:35 CST

Surg Path Final Report – 12/13/2016 14:45 CST

Specimen:
A Placenta

Clinical Information:
Intrauterine fetal demise, + cocaine use, uncontrolled gestational diabetes
Vaginal delivery with shoulder dystocia, IUFD with new true cord x 1 loose
Methadone for past heroin use
Poor prenatal care
IUFD diagnosed 12/9/2016

Diagnosis:
Placenta (delivery):
- **Mature placenta with foci of intervillous fibrin deposition, villous edema and dystrophic calcification.**
- **Fetal membranes with focal acute chorioamnionitis.**
- **Trivascular umbilical cord.**

Guillermo G Martinez-Torres, MD Electronically signed 12/13/2016
GM /GM

Gross Description:
The specimen is labeled "placenta". Received fresh and placed in formalin is a 18 x 16 x 2.4 cm discoid singleton placenta with attached membranes and umbilical cord segment. The trimmed placental disc weighs 413 g. The marginally inserted membranes are pink tan, green tinged, semi-translucent to focally opacified. The 29 cm in length x 1.4 cm in diameter portion of three vessel umbilical cord inserts paracentrally, 5 cm from the periphery of the disc. The fetal surface is blue gray, green tinged and glistening with normal to small caliber normally arborized vessels. The maternal surface is intact and smooth and the cotyledons appear complete. Sectioning reveals deep red purple, spongy cut surfaces. No mass lesions or discrete nodules are identified. Representative sections are submitted in five cassettes.

CASSETTE DESIGNATION:
A1 and A2 umbilical cord segments and membrane rolls
A3 through A5 full thickness placenta parenchyma
KM

Anatomic Pathology Reports

Accession#	Collected Date/Time:	Received Date/Time:
MS-16-0017474	12/10/2016 22:50 CST	12/12/2016 13:35 CST

Microscopic Description:
Sections through placenta reveal mature chorionic villi with foci of intervillous fibrin deposition, villous edema and dystrophic calcification. No significant villitis and/or chorangiosis is appreciated. Sections through fetal membranes demonstrate focal chorioamnionitis. No significant staining is noted. Sections through umbilical cord reveal a usual trivascular architecture without evidence of funisitis or thrombosis. Clinical correlation advised.
CPT 88307, CR 1.
GMT

GM /GM

Comment:
Case reviewed at the departmental QA conference of 12/13/2016.

Accession#	Collected Date/Time:	Received Date/Time:
MZ-16-0000009	12/10/2016 22:46 CST	12/12/2016 13:29 CST

Autopsy Final Report – 12/29/2016 13:21 CST

Specimen:
A Autopsy, Comp, Still/Nwbrn/CNS

Case Information:
Autopsy Pathologist: Joseph Novak, M.D.
Autopsy date and time: 12/12/2016 15:30
Autopsy Assistant: Kevin McGowan
Date and Time of Death: 12/10/2016 22:46
Complete Autopsy
Restrictions: None

Clinical Information:
Gestational age: 35 weeks
Date of death/delivery: 12/10/2016 at 10:46 PM

Final Diagnosis:
- **Preterm, stillborn, male infant (35 weeks gestation).**
- **Prenatal respiratory distress with squamous debris and meconium aspiration.**
- **Maceration.**
- **Dislodged skull bones.**
- **Weights and measurements corresponding to term pregnancy.**
- **Placenta with meconium staining, focal acute chorioamnionitis, and uninflamed three vessel umbilical cord.**

Joseph A Novak, MD Electronically signed 12/29/2016
JN /JN

Anatomic Pathology Reports

Accession#	Collected Date/Time:	Received Date/Time:
MZ-16-0000009	12/10/2016 22:46 CST	12/12/2016 13:29 CST

Gross Description:

Received fresh is a macerated male fetus weighing 3403 g. The crown rump length is 36.2 cm, the crown heel length is 52 cm, the heel toe measures 7.6 cm. The head circumference is 32.9 cm, the chest circumference is 32.8 cm, and the abdominal circumference is 35.2 cm. The head is remarkable for dislodged skull bones, the nares are patent, and no cleft lip or cleft palate is identified. The neck and chest are symmetrical. The abdomen is intact and no omphalocele or gastroschisis is identified. The attached 5.5 cm in length by 1.8 cm in diameter three vessel umbilical cord is identified. The upper and lower extremities are symmetrical. Five fingers are identified on both hands and five toes are identified on both feet. No simian crease is identified. The back and buttocks are unremarkable. No spinal cord deformities or neural tube defects are identified. The anus is patent. The external genitalia is that of a fetal male. The fetus is identified by a wrist band labeled "Jawson, J 119307 12/10/2016, boy at 2246". Please note, gross photographs are taken.

The fetus is opened with the standard Y-shaped incision. The organs show normal situs and morphology. The diaphragm is intact. The gastrointestinal tract is well rotated and the appendix is identified underneath the liver in the right upper abdomen. The organs weigh as follows:
The thymus weighs 8 g.
The heart weighs 43 g. The great vessels arise in a normal manner. All four cardiac valves are identified and are unremarkable. No atrial or ventricular septal defects are identified. The foramen ovale is guarded. The ductus arteriosis is patent into the aorta.
The left lung weighs 23.6 g, is bilobed and has an unremarkable cut surface.
The right lung weighs 29.2 g, is trilobed and has an unremarkable cut surface.
The liver weighs 171 g with dense pink-red unremarkable cut surfaces.
The spleen weighs 8.5 g with an unremarkable dense red-brown cut surface.
The pancreas weighs 2 g.
The right kidney and adrenal gland weighs 27 g.
The left kidney and adrenal gland weighs 32 g.
The capsules of both kidneys strip with ease
Both kidneys have one ureter extending to the bladder. The bladder and prostate are unremarkable.
The esophagus, stomach, small and large bowel are unremarkable. No atresias, stenosis or fistulas are identified.
The bilateral testes weigh 6.7 g combined.
Representative sections are submitted in 11 cassettes.

CASSETTE DESIGNATION:
A1 spinal column following decalcification
A2 neck organs and thymus
A3 heart
A4 left lung
A5 right lung
A6 liver and gallbladder
A7 right kidney and adrenal gland
A8 spleen and pancreas
A9 left kidney and adrenal gland
A10 bladder, prostate and testicle
A11 representative section of umbilical cord

KM

Anatomic Pathology Reports

Accession#	Collected Date/Time:	Received Date/Time:
MZ-16-0000009	12/10/2016 22:46 CST	12/12/2016 13:29 CST

Microscopic Description:
Sections of both lungs show intra-alveolar squamous debris and pigment consistent with meconium. Sections of other organs are unremarkable and show autolysis.

JN /JN

Clinical History:
Gravida 6, para term 2, para preterm 1, para abortions 2, para living 3, intrauterine fetal demise, cocaine use, methadone for opiate abuse, uncontrolled gestational diabetes, hepatitis C, vaginal delivery with shoulder dystocia, poor prenatal care, intrauterine fetal demise diagnosed 12/9/2016.

Autopsy Prelim Report – 12/13/2016 10:31 CST

Specimen:
Autopsy, complete, stillborn

Case Information:
Gravida 6, para term 2, para preterm 1, para abortions 2, para living 3, intrauterine fetal demise, cocaine use, uncontrolled gestational diabetes, hepatitis C, vaginal delivery with shoulder dystocia, intrauterine fetal demise with nuchal cord

Clinical Information:
Methadone for opiate abuse, uncontrolled gestational diabetes, positive cocaine, poor prenatal care, intrauterine fetal demise diagnosed 12/9/2016

Preliminary Diagnosis:
- **Preterm, stillborn, male infant (35 weeks gestation).**
- **Death in utero.**
- **Maceration.**
- **Dislodged skull bones.**
- **Weights and measurements corresponding to term pregnancy.**
- **Placenta with meconium staining and three vessel cord, pending microscopic evaluation.**

Joseph A Novak, MD Electronically signed 12/13/2016
JN /JN

Medication Administration Record (MAR)

Medications

Admin Date/Time: 12/10/2016 21:21 CST	**Charted Date/Time:** 12/10/2016 21:21 CST
acetaminophen (Tylenol)	
Tylenol 1000 mg	
(Auth) PO (oral)	
Order: Murray ,Miriam W MD Resident 12/10/2016 21:13 CST; Perform: Fowler-Farrell ,Amy M RN 12/10/2016 21:21 CST; VERIFY: Fowler-Farrell ,Amy M RN 12/10/2016 21:21 CST	
Reason for Medication: Fowler-Farrell ,Amy M RN 12/10/2016 21:21 CST	
Pain	

Assessments

Influenza Vaccine
Flu Season : Yes
Influenza Vaccine received this season : No
Pt wants to recieve influenza vaccine : No

Dueppen, Debra A RN - 12/12/2016 8:12 CST

OB Intake Assessment — Electronically Signed By: Belanger,Kimberly Ann RN (12/10/2016 20:22 CST); Belanger,Kimberly Ann RN (12/10/2016 20:16 CST); Belanger, Kimberly Ann RN (12/10/2016 20:10 CST); Fowler-Farrell ,Amy M RN (12/10/2016 20:00 CST); Belanger,Kimberly Ann RN (12/10/2016 19:20 CST); Belanger, Kimberly Ann RN (12/10/2016 14:45 CST)

Date of Service: 12/10/2016 14:45 CST

OB Intake Assessment Entered On: 12/10/2016 15:36 CST
Performed On: 12/10/2016 14:45 CST by Belanger, Kimberly Ann RN

Triage
Contraction Frequency, Subjective : 3-9 minutes
Labor Coping : States Coping

Belanger, Kimberly Ann RN - 12/10/2016 20:10 CST

Resident/Attending notified : Murray , Miriam W MD Resident

Belanger, Kimberly Ann RN - 12/10/2016 19:20 CST

Reason For Visit OB : Other: demise
Last Fetal Movement Date/Time Subjective : 12/08/2016 22:00 CST
Contractions, Subjective : Present
Type of Pain : Contraction
Urge to Push, Subjective : No
Leaking Fluid, Subjective : No
Vaginal Bleeding : Yes
Vaginal Bleeding Amount, Subjective : Brown
Last Food Intake Date & Time : 12/09/2016 18:00 CST
Temperature Oral (DegF) : 98.1 degF(Converted to: 36.7 degC)
Respiratory Rate : 18 br/min

Belanger, Kimberly Ann RN - 12/10/2016 14:45 CST

General Info
Date of First Prenatal Visit : 06/30/2016 CDT

Belanger, Kimberly Ann RN - 12/10/2016 20:22 CST

Prenatal Care : Yes